## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as included unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' for

| appropriate. All further<br>indicated unless corrects<br>maintenance fee notifica                                                                                                                                                                                                                                                    | ed below or directed oth                                                                                                                                                                                             | ig the Patent, advance or<br>serwise in Block 1, by (a)                                                                                 | specifying a new co                                                                                                                                                                                                                                                                                                                                     | итеѕр                                          | ondence address;                                                                                                                                                                                                                                                                                                                                       | and/or (                                | b) mulcating a sepa                                                                                              | rate r                                             |                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                          |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| 20529 7590 09/28/2011<br>THE NATH LAW GROUP<br>112 South West Street<br>Alexandria, VA 22314                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    | (Depositor's name)                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      | (Signature                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        | (Signature)                             |                                                                                                                  |                                                    |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    | (Date)                                                                                                             |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                                                                                                                                          | 1                                                                                                                                       | FIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                                       | FOR                                            | R ATTO                                                                                                                                                                                                                                                                                                                                                 |                                         | FORNEY DOCKET NO.                                                                                                |                                                    | FIRMATION NO.                                                                                                      |  |
| 10/578,860                                                                                                                                                                                                                                                                                                                           | .860 06/30/2006                                                                                                                                                                                                      |                                                                                                                                         | Ariel G. Notcovich                                                                                                                                                                                                                                                                                                                                      |                                                | 27396U                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                                                  | 3336                                               |                                                                                                                    |  |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                   | : SYSTEM AND METH                                                                                                                                                                                                    | IOD FOR CARRYING O                                                                                                                      | UT MULTIPLE BINI                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                                                                                                                                         | ISSUE FEE DUE                                                                                                                           | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                                       | UE                                             | PREV. PAID ISSUE                                                                                                                                                                                                                                                                                                                                       | FEE                                     | TOTAL FEE(S) DUE                                                                                                 |                                                    | DATE DUE                                                                                                           |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                       | -YES- NO                                                                                                                                                                                                             | <b>3870</b> ~\$1740                                                                                                                     | ) \$300                                                                                                                                                                                                                                                                                                                                                 |                                                | \$0                                                                                                                                                                                                                                                                                                                                                    |                                         | <b>31470.</b> \$20                                                                                               | 40                                                 | 12/28/2011                                                                                                         |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      | ART UNIT                                                                                                                                | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                          | $\Box$                                         |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| LAM, ANN Y 1641                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      | 1641                                                                                                                                    | 438-518000                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53)  Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached.  "Fee Address from Gentlem (or "Fee Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                                                                                                                      |                                                                                                                                         | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name with be printed.                       |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI                                                                                                                                                                                                                                                                        | THE PATENT (rint or type)  chas will appear on the patent. If an assignce is identified below, the document has been filed for IT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| BIO-RAD HA                                                                                                                                                                                                                                                                                                                           | Technion City, Haifa, ISRAEL                                                                                                                                                                                         |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗵 Corporation or other private group entity 🛄 Government                                                                                                                                                              |                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| 4a. The following fee(s) are submitted:  3 Issue Fee 3 Publication Fee (No small entity discount permitted) 4 Advance Order - # of Copies 10                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                         | th. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Will Payment by credit eard. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                      | itus (from status indicate                                                                                                                                                                                           |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         | lone                                           | er claiming SMAL                                                                                                                                                                                                                                                                                                                                       | L ENT                                   | ITY status. See 37 C                                                                                             | FR 1.2                                             | 7(g)(2).                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      | uired) will not be accepte<br>ates Patent and Trademark                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| /Susanne M. Hopkins/                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                         | Date December 21, 2011                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| Typed or printed name Susanne M. Hopkins                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                         | Registration No. 33,247                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                  |                                                    |                                                                                                                    |  |
| This collection of informan application. Confider submitting the complete this form and/or sugges Box 1450, Alexandria, Virginia 22                                                                                                                                                                                                  | nation is required by 37 of tiality is governed by 35 d application form to the ions for reducing this but Virginia 22313-1450. DO 313-1450.                                                                         | CFR 1.311. The informatic<br>5 U.S.C. 122 and 37 CFR<br>e USPTO. Time will vary<br>arden, should be sent to the<br>O NOT SEND FEES OR ( | on is required to obtain<br>1.14. This collection is<br>depending upon the<br>e Chief Information C<br>COMPLETED FORM                                                                                                                                                                                                                                   | n or n<br>is esti<br>indivi<br>office<br>IS TO | etain a benefit by the<br>imated to take 12 reduced to take 12 reduced<br>idual case. Any co<br>r, U.S. Patent and<br>THIS ADDRESS                                                                                                                                                                                                                     | he publi<br>ninutes<br>mments<br>Tradem | c which is to file (an<br>to complete, includi<br>on the amount of t<br>ark Office, U.S. Dep<br>TO: Commissioner | d by the<br>ng gath<br>me you<br>artmen<br>for Pat | USPTO to process)<br>ering, preparing, and<br>a require to complete<br>t of Commerce, P.O.<br>ents, P.O. Box 1450, |  |

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